CULTURAL ANTHROPOLOGY

Colloquy

PROXEMICS, COVID-19, AND THE ETHICS OF CARE IN SOUTH AFRICA

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Figure 1. COVID-19 hygiene measures in place, SASSA grant allocation, Thembisa, April 1, 2020. Photo by Luntu Ndzandze.

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A short drive from a hollowed-out city center to a ghostly suburban life tells a story of human density, segregation, distinct soundscapes, and different geopolitical and highly racialized landscapes. Among other pernicious aspects of apartheid's legacy, COVID-19 highlights a spatial economy—or proxemics—that reproduces with banal repetition the fault lines along which viruses, bacteria, and other pathogens feed. One exceptional marker of the changing density of human contact, in a time of physical distancing, is the gradual appearance of ebullient children, playing along the highway buffers of grass that double as soccer fields and spaces for gathering with friends. These precarious zones of play in the context of hazardous environments preceded the risks associated with COVID-19. But how to speak about the unlikely enactment of proxemic rupture across South Africa, without adopting "a sad *I expected so much* tone," remains an enduring challenge in writing Africa into anthropology (Wainaina 2005). We argue that a shift from an ethics of intimacy to an ethics of proximity enables us to consider the political economy of pandemic proxemics as an outcome of the legal spatialization of residence by race under apartheid law. Apartheid logics engendered an ethical embodied habitus that determined social mobility and everyday forms of emplacement (Salo 2018; Levine 2020). The visible resurgence of a state military apparatus to ensure social distancing as a public health measure to curb the spread of COVID-19 is a haunting reminder that muscle memory is not limited to individual bodies, but also holds for political systems (Levine and Manderson 2020; Manderson and Levine 2020).

We focus on the biopolitics of an emergent bodily proxemics that requires new modes of care predicated on physical distance. Recalling the early work of Edward T. Hall (1960), people everywhere are now asked to learn a new "silent" language of care linked with a counter-intuitive social etiquette. The socio-linguistic basis of proxemics—that is, the study of human proximity in relational terms—informs our ability to speak about an ethics of care as tied to individual proximity. What constitutes relational manners, etiquette, and norms in terms of everyday distancing—as reflected in shopping queues, buses, elevators, greetings, and so on—is embedded at the crossroads of culture, history, and power. Bodies and embodiment, as Mary Bucholtz and Kira Hall (2016, 173) argue, "are central to the production, perception, and social interpretation of language." The body in the broadest sense—individual, social, and political—has a grammar that is socially situated, not fixed but flexible, always in a state of incompleteness and becoming (Bucholtz and Hall 2016; Nyamnjoh 2017). Embodied linguistics offers us an occasion to consider the entanglement of social distancing through the lens of a geopolitically sensitive proxemic analysis of inequality. Ethnographic sensitivity to

the relationship between proximity politics and the slow burn of race injustice in South Africa flags how quickly physical distancing, hand washing, and mask wearing has led to changing cultural codes of care along lines of privilege (Ross 2020). With this in mind, we ask what a national lockdown means for a divided nation, and indeed, a divided world.

Enforced harsh lockdown was introduced nationwide in South Africa for three weeks on March 26, 2020, and it was extended as cases of infection escalated. Even by this time proximity had taken on new meaning. Tertiary care facilities and various other public institutions introduced hand sanitization; visitors were registered; fingerprint biometric systems were deactivated. Educational institutions moved to deliver classes online; those who could worked from home. Contract work and opportunities for informal income generation shrank; growing numbers of people found themselves with no income, and government measures that acknowledged this—the Special COVID-19 Social Relief of Distress Grants for people unemployed because of the pandemic—proved inadequate.

The lockdown measures, monitored by police, security guards, and armed forces, were among the harshest implemented anywhere. They were intended to "flatten the curve" of infection and buy time to allow medical services to prepare for growing numbers of severe cases, gearing up clinical services that had long lacked resources. Even so, by August 1, 2020, the country had the fifth-largest number of people infected worldwide, with more than half a million reported cases and some 8,153 deaths due to COVID-19. Five months later, as we revised this essay, cases had more than doubled to over 1.2 million; by January 3, 2021, more than 32,425 people had died. By this time, South Africa was in the grip of a so-called second wave and lockdown had been reinstated. President Cyril Ramaphosa closed beaches along the country's famous Garden Route, curfews returned, alcohol sales were banned, and anyone caught breaking level-3, high-level restrictions, including limited numbers in indoor and outdoor gatherings and some curfews, faced a prison sentence. The lockdown proved both consistent with the earlier military response in South Africa and resonant with the "public theater of military-police enforcement of COVID-19 quarantine laws in Australia" (see Wynn 2021, this issue). By late 2020, the costs of containment had mounted, and the controls on proximity that operated as a measure of care for some took effect increasingly at the expense and well-being of others.

Hunger, persistent unemployment, and violence preceded the pandemic (Bhan et al. 2020). Yet lockdown precipitated heightened economic and social distress, including unprecedented food insecurity; looting, home invasion, and other

property crime; violence through and in response to police action; and increasing intimate partner violence (B. Hall and Tucker 2020; Human Rights Watch 2020). Further, the urgency of the measures meant little attention was given to the inflections of race, class, and gender on hygiene and sanitation, on mobility and proximity, or on how everyday circumstances might preclude the possibility of an emergent ethics of care to or from others (Manderson and Levine 2020). As Richard Poplak (2020) observed, "the majority of South Africa's people . . . go about their day with a mask draped around their chin, sullenly loathing the restrictions that, in the end, will not keep them safe from anything." The state's insufficient intervention is tied to a deeper systemic crisis of sanitation, racism, homelessness, and urban crowding that is by no means exceptional (Mamdani 1998).

As we explore, lockdown and its excesses open up questions on the ethics of care, its form, delivery, and meanings in diverse settings, economies, and political contexts, as illustrated in this Colloquy collection. Everywhere, the controls on mobility and distancing to prevent COVID-19 constitute the strategies implemented both historically and in the present to contain infection where vaccination does not exist—isolation, quarantine, hand washing, and other hygiene measures. The constraints on movement in South Africa, however, are redolent of very specific restrictions historically on mobility and social engagement. As Poplak (2020) argued in the *Daily Maverick*:

> The logic of spatial apartheid has been employed to keep the classes separate but unequal, a perfect distillation of the norm, except in extremis. South Africa's proxemical specifics are not very complicated—for the most part, social groups live exactly the same way they did 30 years ago. Apartheid, my friends, was still thriving long before the National State of Disaster regulations launched a revivified bout of comparative analysis.

As Carolyn M. Rouse (2021, this issue) reflects in her essay on the limits of biopower, Achille Mbembe's (2008) extension of biopolitics asks whose bodies in society are expendable, marginal, and whose bodies are figured by the state as "waste." In such zones of resource-poor environments and social abjection, space, sanitation, and hygiene are scarce (Ross 2020). Informal settlements highlight the public health limits to contain infection. These dense settlements, home to some 3.6 million people (SERI 2018), are built around and among standard two-bedroom Reconstruction and Development Programme (RDP) houses constructed by the state on the peripheries of cities. Those who have no choice live in one-room

shacks of tin, shipping containers, and other scrap material. These areas lack sanitation services and plumbing, running water and electricity. Water drips and sours around the bases of communal taps; plastic bags of fecal and other material back up against tin walls, testimony of people's measures to avoid the stench of shared toilets. The shacks are infested with rats and sites of excessive structural violence (Levine, Swartz, and Rother 2020). Often abutting other dwellings, they make distancing impossible. Without indoor sanitation, residents are forced to break COVID-19 curfew regulations and walk a distance to rows of outdoor toilets, the kind usually reserved for construction sites. Others live precariously in disbanded, condemned blocks in the inner city (Wilhelm-Solomon 2016, 2017; for a comparative analysis of pandemic restrictions, housing, and poverty, see Trnka 2021, this issue).

Such dwellings are often crowded, but their composition is also unpredictable. As Nolwazi Mkhwanazi and Lenore Manderson (2020) describe, households can vary from a single person to two dozen or more, as resident numbers contract and expand by season, employment opportunities, illnesses, and income flow. With COVID-19, occupancy has expanded as people join households whose economic security is linked to state grants, provided to single parents, people with disabilities, and those of old age. These households are often characterized by fractured relationships and skip-generations in the aftermath of HIV, with the female household head, often a grandmother, responsible for the care of her grandchildren and others in poor health (Levine 2012). The political economy of social proxemics (E. Hall 1960) is overdetermined by a spatialized necropolitics (Mbembe 2008) that limits the adoption of public health regulations for social distancing to those privileged enough to enact them, as Rouse (2021) also suggests in this Colloquy collection.

In South Africa, in the time of COVID-19, an ethics of care as enacted by maintaining distance reinforces inequality already mapped by the epidemics of HIV, tuberculosis, cardiometabolic disease, and gender-based violence, and serves as an ugly reminder of the role of segregation in avoiding the racist ideas of pollution under apartheid. Twenty-five years since the transition to democratic government, some sensitivity to these divisions and their legacy exists. And yet, in the face of this lethal new pandemic, little public discourse has arisen on how constraints to movement have widened health disparities along the lines of race and class, impacting access to health services, monitoring health, and adherence to medication. Such formal care is essential for the vast population in South Africa under treatment for HIV, tuberculosis, and multiple chronic non-communicable

conditions. The constraints to primary health-care centers and hospital outpatients in South African hospitals already breached measures of infection control. Pre-COVID-19, people arrived at health centers by 6 a.m. and waited four or more hours in a crowded waiting room to be seen (Egbujie et al. 2018; Swart, Muller, and Rabie 2018; Stott and Moosa 2019). With COVID-19, presenting to a health center constitutes a clear risk. The costs of transport to and from clinics when people live at a distance, and the costs of food to counter nausea from antiretroviral drugs or to meet the dietary requirements of people with diabetes, make for further disincentives to seek care when household finances are critically low.

As Joan Vincent (1990) and others have argued, political anthropology is situated at the crossroads of history and power. By considering the affective and ethical dimensions of this crossroads through the lens of physical proximity and the uneven possibilities for enacting an ethics of care to limit the viral spread of COVID-19, the impact of the Group Areas Act of 1950, a defining feature of apartheid and its associated violence, resurfaces. In mostly white suburban neighborhoods, children and youth are transfixed, zombielike, by Netflix, Fortnight, TikTok, Twitter, and WhatsApp, while the streets remain barren. In contrast, the streets and open fields in townships and informal settlements have stayed visibly vibrant. Troops, police, and private security guards tear down shacks, but as quickly, new settlements appear, with names memorializing the present: Covid, 19, Virus (*Cape{town}etc* 2020; Reinders 2020). Children play with skipping ropes, soccer balls, and marbles; they flip into the air and onto discarded mattresses; their mask wearing and physical distancing is uneven at best. Children may be at a much lower risk for COVID-19 infection, but they can be carriers, and they are not protected from serious illness, especially in light of the new variant 501-V2. These observations of unmasked children playing were made at a physical distance from the vantage point of a moving car along the N2-highway. They also indexed the ability to do so, to maintain a kind of care predicated on distance. Isolated from potential pathogens, ethnographic work during COVID-19 follows lines of distancing, although we are simultaneously embodied subjects adopting an emergent ethics of care as proxemic distance.

Notwithstanding these methodological challenges, we question what a national lockdown means in a divided nation that reproduces a proxemics and ethics of care struggling to replicate WHO strategies to limit the spread of COVID-19, a nation that, for the sake of survival, must often ignore them. The country's inequalities are not unique; L. L. Wynn's (2021, this issue) essay on housing makes this clear (see also Team and Manderson 2020). In South Africa, however, contem-

porary restrictions uniquely recall a particular system of institutionalized racism and violent controls on mobility, social engagement, and intimacy, illustrating how inequality is embodied and continues to shape personal lifeworlds and outcomes. A national ethics of care requires the abolition of the spatialization of privilege and inequality in the context of what Wynn (2021, this issue) calls the "historical scripts for policing borders and containing the bodies of outsiders deemed threats to the national body." Horizontal work of this magnitude, including careful attention to the workings of power and proximity, no matter how obvious or repetitive, itself constitutes a form of care.

ABSTRACT

In South Africa, lockdown and its excesses have opened up questions on the limits of an ethics of care, whose ethics are privileged, how care is delivered, and what care means. We show how an ethics of proxemics and its operationalization as distance highlight everyday inequalities and limit the provision of care. Constraints on physical distancing in line with public health measures intended to limit the spread of the coronavirus echo the controls enforced under apartheid, showing how inequality is both embodied and legally entrenched. [South Africa; apartheid; inequality; lockdown measures; proxemics; proximity]

REFERENCES

Bhan, Gautam, Teresa Caldeira, Kelly Gillespie, and AbdouMaliq Simone
2020 "The Pandemic, Southern Urbanisms and Collective Life." *Society and Space Magazine*, August 3. https://www.societyandspace.org/articles/the-pandemic-southern-urbanisms-and-collective-life.

Bucholtz, Mary, and Kira Hall
2016 "Embodied Sociolinguistics." In *Sociolinguistics: Theoretical Debates*, edited by Nikolas Coupland, 173–98. Cambridge: Cambridge University Press.

Cape{town}etc
2020 "Three New Suburbs Called 19, Covid and Virus Pop Up in Cape Town." *Cape{town}etc*, July 24. https://www.capetownetc.com/news/cape-town-has-new-suburb-called-19/.

Egbujie, B. A., A. Grimwood, E. C. Mothibi-Wabafor, G. Fatti, Amet Tshabalala, S. Allie, G. Vilakazi, and O. Oyebanji
2018 "Impact of 'Ideal Clinic' Implementation on Patient Waiting Time in Primary Healthcare Clinics in KwaZulu-Natal Province, South Africa: A Before-and-After Evaluation." *SAMJ: South African Medical Journal* 108, no. 4: 311–18. https://doi.org/10.7196/SAMJ.2017.v108i4.12583.

Hall, Brian J., and Joseph D. Tucker
2020 "Surviving in Place: The Coronavirus Domestic Violence Syndemic." *Asian Journal of Psychiatry* 53: 102179. https://doi.org/10.1016/j.ajp.2020.102179.

Hall, Edward T.
1960 "The Silent Language in Overseas Business." *Harvard Business Review* 38, no. 3: 87–96. https://hbr.org/1960/05/the-silent-language-in-overseas-business.

Human Rights Watch
2020 "Submission to the UN Special Rapporteur on Violence against Women, Its Causes and Consequences Regarding COVID-19 and the Increase of Domestic Violence against Women." Human Rights Watch website, July 3. https://www.hrw.org/news/2020/07/03/submission-un-special-rapporteur-violence-against-women-its-causes-and-consequences.

Levine, Susan
2012 "Testing Knowledge: Legitimacy, Healing and Medicine in South Africa." In *Medicine and the Politics of Knowledge*, edited by Susan Levine, 55–78. Cape Town, South Africa: HSRC Press.
2020 "South Africa's Response to Covid-19 and the Ghosts of Apartheid." *Corona Times*, May 21. https://www.coronatimes.net/south-africa-covid-19-ghosts-of-apartheid.

Levine, Susan, and Lenore Manderson
2020 "The Militarisation of the COVID-19 Response in South Africa." *Witnessing Corona* (blog), August 24. https://boasblogs.org/witnessingcorona/the-militarisation-of-the-covid-19-response-in-south-africa/.

Levine, Susan, Alison Swartz, and Hanna-Andrea Rother
2020 "The Whistling of Rats." In *Connected Lives: Families, Households, Health and Care in Contemporary South Africa*, edited by Nolwazi Mkhwanazi and Lenore Manderson, 120–24. Cape Town, South Africa: HSRC Press.

Mamdani, Mahmood
1998 "Is African Studies To Be Turned into a New Home for Bantu Education at UCT?" *Social Dynamics: A Journal of African Studies* 24, no. 2: 63–75. https://doi.org/10.1080/02533959808458649.

Manderson, Lenore, and Susan Levine
2020 "COVID-19, Risk, Fear, and Fall-out." *Medical Anthropology* 39, no. 5: 367–70. https://doi.org/10.1080/01459740.2020.1746301.

Mbembe, Achille
2008 "Necropolitics." In *Foucault in an Age of Terror: Essays on Biopolitics and the Defence of Society*, edited by Stephen Morton and Stephen Bygrave, 152–82. Basingstoke, UK: Palgrave Macmillan.

Mkhwanazi, Nolwazi, and Lenore Manderson
2020 *Connected Lives: Families, Households, Health and Care in Contemporary South Africa*. Cape Town, South Africa: HSRC Press.

Nyamnjoh, Francis B.
2017 "Incompleteness: Frontier Africa and the Currency of Conviviality." *Journal of Asian and African Studies* 52, no. 3: 253–70. https://doi.org/10.1177%2F0021909615580867.

Poplak, Richard
2020 "Covid, Meet Molotov: A Cocktail of Secrecy and Incompetence, Soon Blowing Up in South Africa's Face." *Daily Maverick*, May 15. https://www.dailymaverick.co.za/article/2020-05-15-covid-meet-molotov-a-cocktail-of-secrecy-and-incompetence-soon-blowing-up-in-south-africas-face/.

Reinders, Samantha
2020 "Photos: Why South Africans Built an Illegal Settlement Called Covid." *NPR*, November 15. https://www.npr.org/sections/goatsandsoda/2020/11/15/934003088/photos-why-south-africans-built-an-illegal-settlement-called-covid.

Ross, Fiona C.
2020 "Of Soap and Dignity in South Africa's Lockdown." *Corona Times,* April 8. https://www.coronatimes.net/soap-dignity-south-africa-lockdown/.

Rouse, Carolyn M.
2021 "Necropolotics versus Biopolitics: Spatialization, White Privilege, and Visibility during a Pandemic." *Cultural Anthropology* 36, no. 3: 360–67. https://doi.org/10.14506/ca36.3.03.

Salo, Elaine R.
2018 *Respectable Mothers, Tough Men and Good Daughters: Producing Persons in Manenberg Township South Africa*. Bamenda, South Africa: Langaa Research and Publishing CIG.

SERI (Socio-Economic Rights Institute of South Africa)
2018 "Informal Settlements and Human Rights in South Africa: Submission to the United Nations Special Rapporteur on Adequate Housing as a Component of the Right to an Adequate Standard of Living." Johannesburg, South Africa: SERI in collaboration with Members of the Steering Group of the South Africa's Ratification Campaign of the International Covenant on Economic, Social and Cultural Rights and Its Optional Protocol. https://www.ohchr.org/Documents/Issues/Housing/InformalSettlements/SERI.pdf.

Stott, B. A., and S. Moosa
2019 "Exploring the Sorting of Patients in Community Health Centres across Gauteng Province, South Africa." *BMC Family Practice* 20: 5. https://doi.org/10.1186/s12875-018-0899-y.

Swart, Anna-Therese, Catherine E. Muller, and Tinda Rabie
2018 "The Role of Triage to Reduce Waiting Times in Primary Health Care Facilities in the North West Province of South Africa." *Health SA Gesondheid* 23: a1097. https://doi.org/10.4102/hsag.v23i0.1097.

Team, Victoria, and Lenore Manderson
2020 "How COVID-19 Reveals Structures of Vulnerability." *Medical Anthropology* 39, no. 8: 671–74. https://doi.org/10.1080/01459740.2020.1830281.

Trnka, Susanna
2021 "Be Kind: Negotiating Ethical Proximities in Aotearoa/New Zealand during COVID-19." *Cultural Anthropology* 36, no. 3: 368–80. https://doi.org/10.14506/ca36.3.04.

Vincent, Joan
1990 *Anthropology and Politics: Visions, Traditions and Trends*. Tucson: University of Arizona Press.

Wainaina, Binyavanga
2005 "How to Write about Africa." *Granta* 92. https://granta.com/how-to-write-about-africa/.

Wilhelm-Solomon, Matthew
2016 "Decoding Dispossession: Eviction and Urban Regeneration in Johannesburg's Dark Buildings." *Singapore Journal of Tropical Geography* 37, no. 3: 378–95. https://doi.org/10.1111/sjtg.12165.
2017 "The Ruinous Vitalism of the Urban Form: Ontological Orientations in Inner-City Johannesburg." *Critical African Studies* 9, no. 2: 174–91. https://doi.org/10.1080/21681392.2017.1337520.

Wynn, L. L.
2021 "The Pandemic *Imaginerie*: Infectious Bodies and Military-Police Theater in Australia." *Cultural Anthropology* 36, no. 3: 350–59. https://doi.org/10.14506/ca36.3.02.